

**Nurse Education, Practice, Quality and Retention – Interprofessional Collaborative Practice:
Behavioral Health Integration (HRSA-16-068)**

Fiscal Year 2016 Funding Opportunity Announcement (FOA)

Frequently Asked Questions

Please note: There is an error regarding the application due date on page 17 of the FOA. It should read:

“Requests for letters of reasonable assurance made to the U.S. Department of Education to allow for processing time, should be submitted at least 45 days prior to the HRSA application due date of January 22, 2016.”

Eligibility, Preferences, and Program

1. What is the definition of a Nurse-Managed Health Clinic (NMHC)?

The Affordable Care Act defined NMHCs into legislation as a nurse-practice arrangement, managed by advanced practice nurses, that provides primary care or wellness services to underserved or vulnerable populations. It is associated with a school, college, university or department of nursing, Federally Qualified Health Center (FQHC), or independent nonprofit health or social services agency (see pg. 29 of the FOA).

2. Are organizations other than NMHCs eligible to apply?

While NMHCs are an ideal service delivery model, other types of organizations (assuming the eligibility criteria are met) are eligible to apply. A health care facility may also include an Indian Health Service health center, Native Hawaiian health center, hospital, Federally-qualified health center, rural health clinic, nursing home, home health agency, hospice program, public health clinic, State or local department of public health, skilled nursing facility, ambulatory surgical center, or any other facility designated by the Secretary (see PHS Act section 801(11)). Eligible faith-based organizations, community-based organizations, Tribes and Tribal Organizations may apply for these funds.

3. If I currently receive, or in the past have received NEPQR-IPCP funds am I eligible for this funding opportunity?

Yes, the focus of this FOA is integrating behavioral health into primary care. New competitive applications should fulfill the requirements of the funding opportunity. Current grantees will be reviewed and go to objective review the same as other applicants, there is no competitive advantage.

4. What if we currently use IMPACT, SBIRT, or both? Are we still eligible?

Yes, if you currently use, one or both required models you are still eligible as long as you meet the requirements of the funding opportunity.

5. What level of integration (based on the Standard Framework for Levels of Integrated Healthcare) do we need to be to apply?

Based on the program requirements, applicant organization(s) should submit an application that meets the Level 3 criteria which corresponds to “co-located” care with basic collaboration onsite, although grant activities (as outlined in the FOA) constitute a Level 5.

6. What is considered an “underserved” community/target population?

An underserved community/target population can be those with a federally-designated Health Professional Shortage Area (HPSA) or serving a federally-designated Medically Underserved Area (MUA) or Population (MUP) as defined on pg. 24 of the FOA. The designation may also be made based on prevalence data.

7. Are there preferences for specific types of applicants?

The only funding preferences in this FOA are the statutory funding preferences described on pages 23-24 of the FOA. The three funding preferences include: (1) substantially benefits rural populations; (2) substantially benefits underserved populations; and (3) helps meet the public health nursing needs in state and local health departments.

8. What care providers must be on the team?

The care team must include, at a minimum, a primary care provider (APRN), licensed behavioral health provider, care coordinator, and a consulting psychiatric provider.

9. Can an RN occupy more than one role on the care team?

Yes, a RN can occupy more than one role but cannot occupy all roles on the care team.

10. Can program funds be used for the salaries/benefits for all team members?

While there is no restriction on how many providers can be funded with the award, applications whose entire staff is dependent on the federal funds may be viewed as less competitive as this model does not support sustainability.

11. What is a sustainable business model?

A sustainable business model refers to a plan to identify and address the critical elements of your organization(s) that need to change to support the transition towards full integration.

12. Can you define an Interoperative Health IT system?

An Interoperative Health IT system is one that supports the ability of two or more components and/or systems to exchange information and use the information that is exchanged.

13. What should the sustainability technical assistance plan include?

The technical assistance plan should be based on the applicant organization(s) needs. Potential components include: a consultant/coach; learning communities; staff training.

14. Does HRSA require/recommend/endorse a specific TA provider or model for sustainability?

No.

Budget and Grants Management

1. Does the 8% Indirect Cost Rate cap apply to this program?

This is a practice program rather than a training grant. The 8% indirect cost rate cap does not apply.

2. Can we use funds to establish/enhance our health IT system?

No, the awarded funds are not to be used to create and/or enhance an Interoperative health IT system.